

DECLARATION

As a below named inventor, I declare that:

My residence, post office address and citizenship are as stated below next to my name; I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

APPARATUS AND METHODS FOR CONTROLLED SUBSTANCE DELIVERY FROM IMPLANTED PROSTHESES

the specification of which is attached hereto.

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56. I claim foreign priority benefits under Title 35, United States Code, Section 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date
60/258,024	December 22, 2000

I claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application No.	Date of Filing	Status

Full Name of Inventor 1:	Last Name: SIRHAN	First Name: MOTASIM	Middle Name or Initial:	
Residence & Citizenship:	City: Sunnyvale	State/Foreign Country: California	Country of Citizenship: United States	
Post Office Address:	Post Office Address: 794 W. Knickerbocker Drive	City: Sunnyvale	State/Country: California	Postal Code: 94087
Full Name of Inventor 2:	Last Name: YAN	First Name: JOHN	Middle Name or Initial:	
Residence & Citizenship:	City: Los Gatos	State/Foreign Country: California	Country of Citizenship: United States	
Post Office Address:	Post Office Address: 128 Anne Way	City: Los Gatos	State/Country: California	Postal Code: 95032

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Signature of Inventor 1	Signature of Inventor 2
MOTASIM SIRHAN	JOHN YAN
Date	Date

Customer No. 20350
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ASSISTANT COMMISSIONER FOR PATENTS
BOX PATENT APPLICATION
Washington, D.C. 20231

Sir:
Transmitted herewith for filing under 37 CFR 1.53(b) is the

[X] PATENT APPLICATION OF

COPY

Inventor(s)/Applicant Identifier:

For: **APPARATUS AND METHODS FOR CONTROLLED SUBSTANCE DELIVERY
FROM IMPLANTED PROSTHESES**

[X] This application claims priority from each of the following Application Nos./filing dates:
60/258,024 filed 12/22/00, the disclosure(s) of which is (are) incorporated by reference.

Enclosed are:

- [X] 20 page(s) of Specification
- [X] 11 page(s) of Claims
- [X] 1 page of Abstract
- [X] 7 sheet(s) of [] formal [X] informal drawing(s).
- [X] An unsigned Declaration.
- [X] Applicant claims small entity status under 37 CFR 1.9 and 37 CFR 1.27.

	(Col. 1)	(Col. 2)
FOR:	NO. FILED	NO. EXTRA
BASIC FEE		
TOTAL CLAIMS	151 - 20	= *131
INDEP. CLAIMS	10 - 3	= *7
[X] MULTIPLE DEPENDENT CLAIM PRESENTED		

* If the difference in Col. 1 is less than 0, enter "0" in Col. 2.

SMALL ENTITY	
RATE	FEE
	\$355.00
x \$9.00 =	\$1,179.00
x \$40.00 =	\$280.00
+ \$135.00 =	\$135.00
TOTAL	\$1,949.00

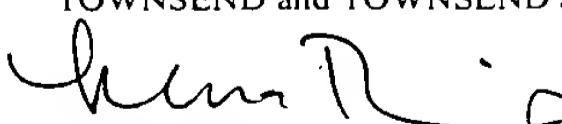
Please charge Deposit Account No. 20-1430 as follows:

- [X] Filing fee \$ 1,949.00
- [X] Any additional fees associated with this paper or during the pendency of this application.

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Respectfully submitted,
TOWNSEND and TOWNSEND and CREW LLP



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